

Undergraduate training and experience and self-perceived competence of recently graduated doctors in performing digital rectal exams.

Sharma, S. Beswick, L. Dowling, D.

Department of Gastroenterology. University Hospital Geelong, Geelong, Victoria, Australia.

INTRODUCTION

Digital rectal examination (DRE) is a fundamental skill for health professionals. Literature suggests that DREs are significantly underperformed in clinical practice and that there is a downward trend in the frequency of the examination being performed.¹ An Australian study undertaken over a decade ago found that the median number of DREs performed by final year medical students was 2 with 17% of students performing none before starting internship.² We aimed to study the undergraduate training and experience with respect to DRE of first year interns in Victoria, Australia and also their perception of the adequacy of their training using a voluntary, anonymous questionnaire-based survey.

METHODS

All 23 health services (810 interns) in Victoria were invited to participate. The directors of intern teaching or the intern education coordinators of each health service were contacted. The ten-question online survey link was forwarded to the interns from the individual health services. Data was collected over a three-month period (Feb – April 2019) and reminders were sent to the hospitals every 4 weeks. A poster was provided to each health service with a Quick Response (QR) code.

RESULTS

12 out of the 23 health services in Victoria participated. 117 (26%) out of the 453 interns at the 12 sites responded. 63% were female. The most common DRE teaching method in medical schools involved use of an anatomical plastic model. This was utilised by 80% of the interns during training with 40% also having supervised exams performed on patients or a healthy volunteer as part of their medical training. Four (3%) individuals had not used either but learnt the skill from physician instruction/verbal lecture.

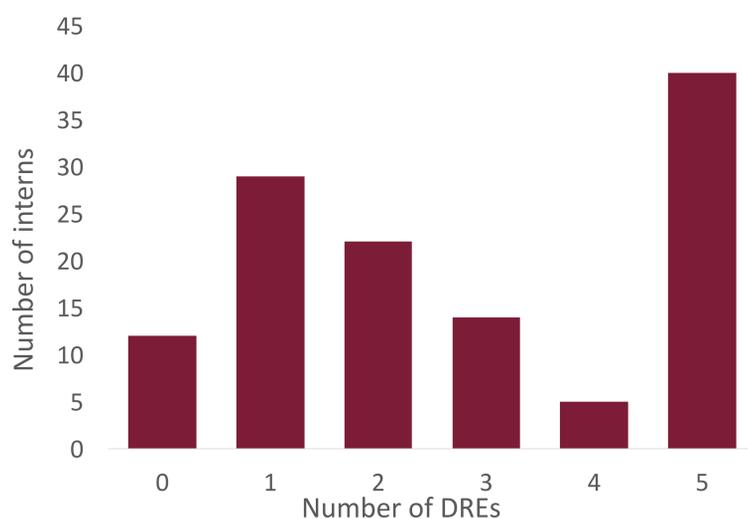


Figure 1: Frequency of DREs performed.

The average number of DREs performed on a patient during training was four with the median value being one. 12 interns (10%) had never performed a DRE on a real person, 29 (25%) had performed DRE once, and 40 (34%) had practiced ≥ 5 times (figure 1). Self-perceived competence in identifying malignancy varied with only 52 out of the 111 interns (47%) stating that they could confidently identify rectal or prostate malignancy on DRE (figure 2). 93% felt that they could confidently identify melena.

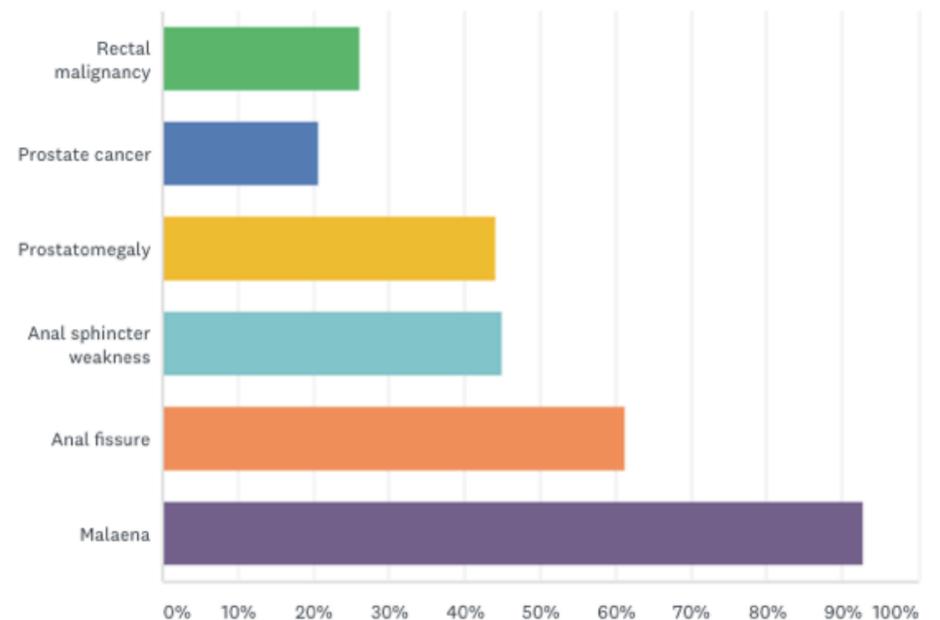


Figure 2: Self-perceived competence in identifying pathology

Most interns (93%) believed that DRE is an essential skill. 59 (50%) felt that their medical school training prepared them in becoming proficient in performing a DRE, 26 (22%) individuals neither agreed nor disagreed, and 32 (28%) felt that they were not proficient in performing DRE at the completion of medical school training. 90 (77%) interns felt they could give a confident opinion based on their DRE findings. Of the 27 (23%) who did not feel confident, the average number of DREs performed on real patients was two (median was one). 89% of the interns that were not confident in performing a DRE felt that their medical school training did not prepare them to become proficient in the technique.

CONCLUSION

Medical students have limited real life exposure to DRE training during their studies and 10% of new graduates have never performed DRE during their medical training. The level of confidence in undertaking DRE varies widely between recently graduated doctors. Although the generalisability of this data is limited by the response rates and hospital participation, the results suggest that medical schools needs to re-evaluate DRE training strategies.

REFERENCES

1. Turner KJ, Brewster SF. Rectal examination and urethral catheterization by medical students and house officers: taught but not used. *BJU Int* 2000; 86: 422-426.
2. Lawrentschuk N, Bolton DM. Experience and attitudes of final-year medical students to digital rectal examination. *Medical journal of Australia*. 2004 Sep;181(6):323-5

